

Winter/Spring 2007



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Putting the Pieces Together:

NC State Aging Services Plan

The Division of Aging and Adult Services (DAAS) produces a *State Aging Services Plan* every four years as required by North Carolina General Statute 143B-181.1A and the federal Older Americans Act. The *2007-2011 State Aging Services Plan* was submitted to the North Carolina General Assembly on March 1, 2007. In keeping with the theme of this year's Plan, *Putting the Pieces Together*, the Plan contains many fundamental pieces—demographic data, an explanation of the Livable and Senior-Friendly Communities initiative, accomplishments since the 2003–2007 Plan, and objectives for the 2007–2011 Plan. The Plan focuses on building Livable and Senior-Friendly Communities by providing programs and supportive services to meet the needs of older adults. Both accomplishments and objectives reflect North Carolina's mission to enhance the quality of life for older adults and utilize their talents and interests.

DAAS worked with many State agencies and other organizations to identify accomplishments since the 2003-2007 State Aging Service Plan. DAAS staff members reviewed annual reports, newsletters, and other relevant publications produced by various agencies. The accomplishments since the 2003-2007 Plan were then arranged under the eight components

of Livable and Senior-Friendly Communities—physical and accessible environment, healthy aging, economic security, technology, safety and security, social and cultural opportunity, access and choice in services and supports, and public accountability and responsiveness.

The objectives for the 2007-2011 State Aging Services Plan have been carefully crafted to improve programs and services for older adults by using the framework of the Livable and

Senior-Friendly Communities initiative. DAAS staff members followed a thorough and systematic approach in developing the Plan's 40 objectives. They reviewed numerous applicable policy and planning documents of area agencies on aging and other State agencies and consulted with consumer advocates and service professionals to derive the objectives. DAAS staff members will continue to work with the partners who assisted in developing the objectives to insure that their mission is fulfilled.

To download a copy of the plan, visit the DAAS website at www.ncdhhs.gov/aging/. For more information on the plan, please contact Abha Varma or Erin Russell King at 919-733-8400 or abha.varma@ncmail.net or erin.king@ncmail.net.

Just Good Cents The Success of Consumer Contributions in North Carolina

It's almost noon and many familiar faces are taking their seats to get ready for lunch. Others gather forks, spoons, napkins, and milk to share at their table. Seats are not assigned; however, everyone knows whose seat belongs to whom. Near the door is a small wooden box, usually handmade, with a small slit on top. Visitors drop coins and dollar bills through the slot on their way in and out of the dining hall. Each week, this is a common scene across the State and the Nation.

For over 20 years, those served under the Older Americans Act have been given the opportunity to contribute toward the cost of the service they receive. What seems like meager change has added up significantly. At the end of fiscal year 2006, contributions for all services totaled \$2,361,370. Each dollar contributed expands services beyond the federal, State and local funding by helping to reduce waiting lists or serve new clients in need of assistance.

Contributions extend far beyond a congregate meal site to the cost of inhome aide services, adult day services, home-delivered meals, transportation, senior center programs, and Family Caregiver Support Programs. Historically, local service providing agencies have diligently communicated with older adults, families and caregivers about the value of the service(s) received and provided an opportunity for them to contribute. A 1999 survey conducted by a Duke University graduate student found that providing an opportunity to contribute "creates ownership and client responsibility" and lends itself to a sense of pride among service recipients.

The revised Consumer Contribution Policy became effective in September, 2005 due to changes in the 2000 reauthorization of the Older Americans Act. These changes most notably center on the solicitation methods used with service recipients and prescribed specific administrative requirements for certain services.

In the wake of these changes, contributions have remained steady or increased beyond previous years. There is no question of the importance of Consumer Contributions in a time of continual growing need which simply cannot be met by public funds. This is one main area of outreach where service providing agencies must continually strive to increase revenues to meet growing needs. The Consumer Contributions Policy includes a Practice Guidelines Section in addition to models for group discussions and writing solicitation letters to service recipients which can be found at www.ncdhhs.gov/aging/ consumercontributions.htm.

If you have questions or would like more information, contact Mark Hensley at 919-733-8400 or mark.hensley@ncmail.net.

Title V – Senior Community Services Employment Program Lumber River Council of Governments

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Ask Mary Alice Butler of Rockingham how her job search was going two years ago and she would have said "not well." The 58 year-old single mother was unexpectedly laid off after 23 years of work with a community agency. "Unemployment benefits helped keep me above the water, but I had been unable to find gainful employment," Butler remembers.

Butler then heard about the Title V/Senior Community Services Employment Program (SCSEP), a program offering job search assistance and training to eligible individuals, 55 years of age and older. After completing an initial assessment with Program Coordinator Kristen Elk Locklear, she was deemed eligible for participation. Within days, Butler was assigned to the Richmond County Health Department, which had received a State grant to develop a program providing assistance to low-income seniors for necessary medications. Seniors also received consultation on those medications from a Pharmacist. Butler helped carry out the mission of this program and feels humbled to have had the opportunity to do so. "I immediately learned new job skills and gained valuable experience by working in a new field. Being part of the Pharmacy Program meant I could assist older adults' needs and possibly help to extend their life." Butler recalls finding great support from fellow program participants, heath department employees, and the Lumber River

Council of Governments. "Everyone was willing to help."

While Butler was learning new skills, she was also working with a population she had loved for ages. For 20 years, she'd volunteered weekly with a group of older adults in a local nursing facility. "Seniors have always had a special place in my heart," she says warmly. She recalls feeling "warm fuzzies" each day when leaving her training site.

Richmond County Health
Department Director Dr. Tommy
Jarrell feels the Pharmacy Program is
a benefit to the community and that
Butler is a key-player. "Mary Alice
has truly been an asset to the
Pharmacy Program and to the Health
Department as well. She has learned
valuable skills, but she came in with a
positive attitude and a lot to offer."

SCSEP's ultimate goal for each participant is to help them find gainful employment through enhancing their skills and developing new ones. Butler has done just that. Within two years of beginning in SCSEP, Mary Alice gained skills that enabled her to apply for a full-time position with the Health Department and was recently offered that position. Program Coordinator Kristen Elk Locklear says Butler is a model for SCSEP. "Mary Alice has a positive, can-do attitude. She proved willing to go the extra mile to find personal success by unselfishly helping others

in her community." Through the years, SCSEP has been a tool utilized by many public agencies, but few strive as diligently to assist their trainees as the Richmond County Health Department. "Fortunately, we have a strong partnership with Dr. Jarrell that has allowed several participants to find employment opportunities at the health department after being trained. Patricia Adams, a former Title V participant, found her "answer to prayer" through the Title V Program as well. Adams now works as a Medical Records clerk with the Health Department. Locklear reports that Dr. Jarrell and his staff play a star role in SCSEP, having hired 100% of participants placed in their site. This practice, Locklear says, is rare for public agencies. "Older workers are a valuable resource to the workforce and we are grateful that Dr. Jarrell has tapped into this great opportunity."

Mary Alice Butler is grateful too. Her experience with the SCSEP resulted in full-time employment. Smiling, she adds, "I am convinced that I wouldn't have been able to qualify for this full-time position without the valuable experience I gained through the Title V program and its partnership with the health department. Title V is a win-win for all!"

If you have questions or would like more information, contact Kristen Elk Locklear at 910-618-5533, ext. 3037.

Performance Outcomes Measures Project

The Division of Aging and Adult Services (DAAS) has partic; ipated for 7 years in a national demonstration project known as POMP – the Performance Outcomes Measures Project. National workgroups have focused on every major program area funded by the U.S.

Administration on Aging in an effort to develop consumer surveys that can document the impact of services on clients.

DAAS has undertaken statewide surveys in North Carolina with the help of the Center for Aging Research and Educational Services at the UNC-Chapel Hill School of Social Work. Many local service providers and area agencies on aging across North Carolina have been involved in helping test surveys about nutrition, transportation, and caregiver support services. Now that final versions of the survey tools are being refined, focus is shifting to strategies for using the consumer information in planning efforts and the ongoing management of services.

Four NC planning and service regions partnered with the Division last year to experiment with drafting local performance measurement plans. DAAS intends to use their NC POMP experiences to help develop performance measurement models for the rest of the state. Participating service providers and regions met in Raleigh recently for a recognition and reporting event, where Division Director Dennis Streets thanked the NC POMP partners for their efforts. Participants involved included:

 Mid-East Commission Area Agency on Aging



- Hertford County Office on Aging
- Martin County Department of Aging
- Beaufort County Department of Social Services
- Belhaven Senior Center
- Grace Martin Harwell Senior Center
- Legal Aid of North Carolina, Ahoskie
- Eastern Carolina Council Area Agency on Aging
- Wayne County Services on Aging
- Wayne Action Group for Economic Solvency, Inc. (WAGES)
- Coastal Community Action, Inc.
- Northwest Piedmont Area Agency on Aging
- Stokes Senior Services
- Davie Senior Services
- Surry Senior Services
- Forsyth County Aging Services
 Committee Health
 Subcommittee
- Yadkin County Aging Planning Committee – Disaster Subcommittee
- Lumber River Area Agency on Aging
- Bladen County Division on Aging
- Bladen County Department of Social Services

- Bladen County Community Alternatives Program
- Hospice of Scotland County
- Interim Health Care
- Senior Services of Hoke County

The NC POMP performance measurement plans developed by these partners concentrated on program areas of local interest: a grandparents-raising grandchildren project, exercise programs, nutrition services, in-home aide services, special needs disaster shelters, and the use of GIS mapping to show the proximity of clients to service availability.

The U.S. Administration on Aging has conducted 3 national surveys based on the work of the Performance Outcomes Measures Project. To see the questions used in the national survey and view the national data for 2004, go to https://www.gpra.net/ nationalsurvey/NSmain.asp. North Carolina is also participating in a national advanced POMP research project investigating the cost savings associated with home and community-based services. The NC study is a retrospective look at former recipients of Home and Community Care Block Grant services in a two-county area (Forsyth and Surry). The goal of the study is to determine if they terminated services because they were placed in nursing homes or assisted living facilities and to analyze client and service utilization data for evidence of cost savings associated with delayed or prevented placement. For more information about POMP, contact Phyllis Bridgeman at 919-733-0440 or phyllis.bridgeman@ ncmail.net.

NC Study Commission on Aging Overview of the 2006-2007 Recommendations

The North Carolina Study Commission on Aging is charged with studying and evaluating the existing system of delivery of State services to older adults, and recommending an improved system of delivery to meet present and future needs. The Study Commission, consisting of 17 members, meets when the General Assembly is not in session. The Commission met nine times during the 2006-2007 interim and held public hearings in Charlotte and Burlington. The following 17 recommendations were presented to the Governor and the 2007 General Assembly in the Commission's report.

- 1. Support Senior Centers
- 2. Expand dental care for special care populations
- 3. Expand health care personnel registry/funds
- 4. Support Project C.A.R.E. (Caregiver Alternatives to Running on Empty)
- Support the Home and Community Care Block Grant

- 6. Amend the Penalty Review Committee Statues
- 7. Study safe transportation of passengers in wheelchairs
- 8. Fund an Adult Protective Services pilot program
- 9. Study medically needy income standard
- 10. Support NCRx
- 11. Fund housing options for persons with mental illness
- 12. Study housing concerns and staff training required for mixed populations
- 13. Increase Special Assistance In-Home slots
- 14. Support transitional residential treatment programs and notify Lead Management Entity of mental health determination using the uniform screening tool
- 15. Authorize star-rated certificate rules for adult care homes
- Fund WIN A STEP UP
 (Workforce Improvement for Nursing Assistants: Supporting Training,

- Education, and Payment for Upgrading Performance)
- 17. Support recommendations from the House Study Committee on State Guardianship laws.

The full report includes background information on each recommendation, a demographic profile of aging in North Carolina, descriptions of the Commission proceedings, as well as summaries of all public hearings held.

The Governor's Advisory Council on Aging, The North Carolina Senior Tar Heel Legislature, and the North Carolina Coalition on Aging are other groups or organizations whose members study and represent the views of older adults in helping to shape public policy. A complete ranking of these groups' priorities are presented in the 2007-2011 State Aging Services Plan. The Plan is available online at www.ncdhhs. govlaging!.

Putting the Pieces Together
the 2007-2011 State Aging Services Plan
is now available online!

www.ncdhhs.gov/aging/

Victims Assistance Program

In 1999 an AARP survey found that older consumers are disproportionately vulnerable to telemarketing fraud. Fifty-six percent of those identified by the survey as targets of telemarketing fraud were age 50 or older. The financial and psychological impact of telemarketing fraud on senior victims can be devastating.

The Division of Aging and Adult Services (DAAS) and the North Carolina Department of Justice (DOJ) have worked together for many years to fight consumer fraud targeting seniors in North Carolina. In 1998, DAAS joined forces with AARP and the North Carolina Attorney General's Office to establish the NC Senior Consumer Fraud Task Force. Federal, State, and local law enforcement, aging advocates, AARP, the aging network, State and local Better Business Bureaus, U.S. postal inspectors, and crime prevention agencies formed an alliance to fight consumer fraud.

In recognition of the need for a coordinated and integrated statewide approach toward assisting NC seniors who are victims of fraud and scams, DAAS and Office of the Attorney General has developed a Victim's Assistance Program. This initiative will provide intense training to volunteers to help them become effective mentors and "buddies" to victims of fraud. The goals of this initiative are to reduce the ongoing incidence of fraud and to establish a protocol for early detection of signs and symptoms of fraud in the vulnerable aging population.



The Victim's Assistance Program will utilize the skills and availability of trained senior volunteers to assist the special detectives in the State Attorney General's Office. They will provide follow-up with seniors who have been victims of crime by assessing their level of functioning, exploring a safety plan, identifying community and social supports, and making referrals to professionals in areas where appropriate.

How the Volunteer Assistance Program Works?

DAAS will recruit volunteers and work to match those volunteers with victims of fraud. The Attorney General's Office will provide access to criminal records checks for the volunteers and through a confidential agreement arrange for victim's names to be released to DAAS.

DAAS and the Attorney General's Office will provide a one-day training for volunteers that will include the mission and vision of the Victims Assistance Program; a history of telemarketing fraud; the philosophy of volunteering; and volunteer policies such as confidentiality and boundary setting. Volunteers will also learn to assess victims in terms of their safety, level of functioning, mental health status, risk factors, the possible need for protective services, and substance abuse.

In addition, volunteers' training will include how to read a police incident report, how to notify the Crime Prevention or Crisis unit, reporting to DAAS or the Attorney General's office, protocol for reporting signs and symptoms of a crisis, emergency reporting, and logging activities.

The Victims Assistance Program has been instrumental in saving thousands of dollars for local residents in North Carolina. One gentleman in the Raleigh area was assisted by a local volunteer just before losing his home. He had already fallen victim to many sweepstake scams and just before investing his last savings the VAP was able to place a volunteer who has worked tirelessly with the victim to overcome the temptation placed on him by the frequent contacts of scam artists.

If interested in becoming a volunteer or in learning more about the opportunity, please call Donna White, RN at 919-733-0440 ext. 232 or email Donna.White@ncmail.net.

Defining "Family"

The second workshop in the Working with Diverse Caregivers series of train-the-trainer workshops will be held as a pre-conference intensive at the NC Association on Aging Conference in Wrightsville Beach April 25 from 8:30-noon. Can We Define "Family"? will be presented by David Kerley of the Division of Aging and Adult Services. Local providers from service agencies, caregiver specialists (local or Area Agency on Aging), church or other faith community leaders, civic leaders, human resource or other business managers, healthcare providers, and others are encouraged to attend. Attendees will receive the necessary tools and must be willing to conduct Can We Define "Family"? within their agencies and communities. The

trainings are designed to increase the cultural competence of professionals in your agency or community who work with family caregivers. They will learn ways to better meet the diverse needs of all caregiving families through culturally competent outreach, assessment, service planning, and service delivery. This second workshop, Can We Define "Family"? will help attendees realize the broad diversity that exists in how families define themselves. It is helpful, but not a requirement to have attended the Foundation Module 1 Train-the-Trainer. The workshop is free to conference attendees, but registration is required. Refer to the NC Association on Aging Registration for more information.

The Division of Aging and Adult Services and NC Area Agencies on Aging Family Caregiver Support Program with active partners including AARP-NC, NC Cooperative Extension, The Carolinas Center for Hospice and End of Life Care, UNC Center for Aging Research and Educational Services, Memory Care (Asheville), and others have contributed to the development of the Working with Diverse Caregivers Train-the-Trainer Series.

If you have questions or would like more information, contact Chris Urso at 919-733-8400 or chris.urso@ncmail.net.

Aging Planning Bulletins

Through a federal planning grant, the Division of Aging and Adult Services (DAAS) and the Area Agencies on Aging (AAA) are working to develop models to better involve State, regional, and local advisory councils in the planning process. As a part of this process, "hot topics" were identified by DAAS and AAA staff. Each "hot topic" will be the focus of an Aging Planning Bulletin, or APB, that is developed by DAAS staff, often in partnership with another division of the NC Department of Health and Human Services, and sent to the AAAs for use in planning and for further distribution. Three APBs have been developed thus far and are available on the DAAS website, www.ncdhhs.gov/aging/. These APBs have focused on the Special Assistance In-Home option, immunizations, and the Family Caregiver Support Program. Keep your eyes open for future APBs on Geriatric/Adult Mental Health Specialty Teams and Veterans Services.

If you have suggestions for a future APB or questions, contact Erin Russell King at 919-733-8400 or erin.king@ncmail.net

In Pursuit of Quality Care

The 5th Biennial Long Term Care Public Policy Conference and Advocacy Day will take place in Raleigh on Monday, April 16th and Tuesday, April 17th.

The Public Policy Day will be a half-day session hosted by Glenaire Retirement Community located in Cary. Day one begins at 11:30 with registration and a lunch buffet followed by a keynote speech by Dr. Don Schmechel, Director of the Bryan Alzheimer's Disease Research Center at Duke. A discussion will follow on topics including: Addressing the Needs of Mental Health Clients in Long Term Care; Respite Services for Families; and Assessing Quality Care; A Look at

the STAR Rating System. The day will conclude with a Call to Action recommending successful ways to encourage legislative changes needed in long-term care.

Day two begins at 8:00 a.m. with an Issues Briefing at the NC General Assembly with legislators on the topics discussed the previous day. This is an ideal opportunity for consumers and other interested individuals to voice their concerns to their elected officials. The hours between 10:30 a.m.-2:00 p.m. have been reserved for constituents to visit their individual legislators. The day will conclude at 2:00 p.m. with a public hearing with the House Aging Committee.

The public is cordially invited to attend the event(s) of their choice and join concerned citizens of North Carolina, "In the Pursuit of Quality Care," for all long-term care residents and their families. For additional information please go to: www.forltc.org.

If you have questions, contact Kathryn Lanier at 919-733-8400 or kathryn. lanier@ncmail.net.

North Carolina Association on Aging

2007 Conference
April 25-27
Wrightsville Beach, NC

New Leadership in Aging

The 2007 Conference of the North Carolina Association on Aging (NCAOA) will be held on April 25–27, 2007 at the Blockade Runner in Wrightsville Beach, NC. This year the conference is focusing on the need to develop new leadership in the field of aging in recognition of the growing numbers of professionals who are retiring or approaching retirement.

The NCAOA Conference format features four workshop tracks for professionals in our field: adult services, caregiver specialists, senior center staff, and overall leadership. Attendees will also benefit from general sessions led by Dennis Streets, Director of the NC Division of Aging & Adult Services, and Randolph Cloud, the NCAOA Legislative Lobbyist.

Registration materials are available at www.ncaoa.org.

The Lifespan Respite Care Act of 2006 (HR 3248)

The Lifespan Respite Care Act of 2006 (HR3248) was signed into law by President Bush in December 2006. This new federal law is designed to support families providing

care for persons of any age with special needs. The law will authorize \$289 million over five years in grants to states to help families access quality,

affordable respite care. The legislation was passed with the purpose of expanding and enhancing respite care for family caregivers by improving statewide respite coordination and improving access to supports, thereby reducing strain on family caregivers.

The North Carolina Respite Care Coalition was active in advocating for the passage of this Act, as a part of the larger Lifespan Respite Task Force (www.archrespite.org/TForce.htm).



When the bill passed the U.S. House, Rep. Ferguson (NJ), whose own father was a caregiver for his ill mother for 6 years said, "Today's action by the House of Representatives represents not only an important victory for family caregivers nationwide, but it also sends America's caregivers a clear message: Your selfless sacrifice is appreciated, and help is on the way."

The Division of Aging and Adult Services sponsored a statewide videoconference March 23 (9:30-noon) that brought together stakeholders to discuss the Lifespan Respite Care Act and the status of respite in North Carolina. Jill Kagan, with the National Respite Coalition Taskforce and an influential advocate for this bill, spoke about the bill and updated the group on its implementation. Rick Greene with the U.S. Administration on Aging National Family Caregiver Support Program discussed updates in this

federal legislation. Heather Burkhardt from DAAS informed the participants about NC's Aging and Disability Resource Centers. The videoconference was held at various

university sites:
Appalachian
State, East Carolina, Elizabeth
City State,
Fayetteville
State, UNCAsheville,
UNCCharlotte,

Winston-Salem State, UNC-Pembroke, UNC-Wilmington, and UNC Chapel Hill. Other issues discussed included how to proceed with an inventory of our respite services and an examination of their accessibility, availability, coordination, and quality across all populations.

Contact Chris Urso or Karisa
Derence of DAAS at 919-733-8400 or
chris.urso@ncmail.net, karisa.derence
@ncmail.net if you have questions
about the Lifespan Respite Care Act
or supports for caregivers.

Quality Improvement Consultation Program for Adult Care Homes

Session law 2005-276
[Section 10.40A.(p)]
required the Division
of Aging and Adult
Services (DAAS)
to develop a
Quality Improvement
(QI) Consultation Program for Adult Care Homes.
The purpose of the QI Program is
to promote better care and improve
quality of life in a safe environment
for residents of adult care and family
care homes.

DAAS convened a group of key stakeholders that met over ten months. The result of those extensive deliberations is an overall policy and procedural framework for a QI Program, using Medication Safety as the first focus for improvement. The Carolinas Center for Medical Excellence (CCME) is the contractor for the QI Program.

The QI Program addresses the following: principles and philosophies that promote person-centered care; a continuous quality improvement approach; dissemination of best practice models; utilization of standardized instruments to assess and



measure adult care home performance and resident outcomes; utilization of quality improvement plans; training to prepare social services staff to implement the QI Program; a distinction between the regulatory role of the Division of Facility Services and the quality improvement consultation and monitoring roles carried out by county DSS's; and identification of staffing and other resources needed to implement the QI Program statewide.

A pilot of the QI Program topic, Medication Safety, will be conducted in Alamance, Buncombe, Nash, and Rutherford counties. These four counties recruited a total of 28 adult care and family care homes who will implement the QI Program. The anticipated outcome of the QI Program topic, Medication Safety, is a reduction in the 20% deficiency rate over time with the implementation of quality improvement activities targeted to this area of care. In

addition, quality of life/resident satisfaction is expected to increase with improved medication management in these homes.

At the conclusion of the pilot, CCME will compile data from the participating adult care and family care homes and conduct an evaluation to determine the effectiveness of the QI Program pilot. DAAS will make recommendations regarding the overall effectiveness of the OI Program. If DAAS recommends expansion of the pilot to other counties or statewide implementation of the QI Program, the recommendations will include the cost and a proposed time table for implementation. Those recommendations will be submitted to the Secretary of the Department of Health and Human Services and the appropriate committees within the General Assembly.

If you have questions about the program, or for more information, contact Emily Saunders at 919-733-8400 or emily.saunders@ncmail.net.

New Standards for NC Adult Day Service Programs

Adult day service has grown in North Carolina from two programs in 1973 to the current 108 in February 2007. The North Carolina Standards for Certification of Adult Day Care and Day Health Programs, a compilation of North Carolina Administrative Code rules, was first published in 1973. Minor revisions have occurred over the years; however, no significant changes have been made to the language or content of the original text. In early 2000, the Division of Aging and Adult Services (DAAS) formed a committee to begin revising these rules in order to eliminate vague language; clarify areas of misinterpretation; reflect new building, fire, and sanitation codes; and add additional health and safety standards.

The standards revision committee included DAAS staff and representatives from the North Carolina Adult Day Services Association, adult day service programs, county departments of social services, area agencies on aging, county health departments, and the NC Board of Nursing. The committee met regularly for several

ADULT
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North Carolina
Department of Health and Human Services
Division of Aging and Adult Services
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years and then continued to discuss issues and make decisions via email and meetings as needed through the end of 2006. The result represents a consensus among this diversified group and seeks to assist adult day services' growth as a part of the long-term care system of support.

The revised Standards will be effective July 1, 2007. While many of the changes are merely technical, others do have a direct impact on program operations. The most significant of these include the requirement of criminal history checks on new employees, expanded program policy requirements, emergency information kits, and more extensive assessments on new participants.

DAAS staff have been providing one-day training on the new regulations across the state, to culminate with their annual 3-day training workshop at Lake Junaluska (outside Asheville) in mid-May. Adult day service program operators, department of social services adult day care coordinators, county health department adult day health specialists, and those already in the process of opening a new program should plan to attend this essential training.

If you have questions or would like more information contact Shannon Crane, 919-733-8400 or shannon. crane@ncmail.net.

Calendar

For a complete DAAS calendar of education and training events, please visit www.ncdhhs.gov/aging/trngcal.htm.

at a glance

Editorial Board: Dennis Streets, Erin King, Kate Walton, Debbie Brantley, and Lori Walston

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